To be filed with the SECRETARY OF THE STATE not later than 4 p.m. on the fourteenth day after the close of the town committee meeting, caucus, or convention (or if such fourteenth day is a Saturday, Sunday or legal holiday, not later than 4 p.m. on the next succeeding business day), in accordance with §§9-391 and 9-2 of the General Statutes. NOTE: this form is to be used only by the party-endorsed candidate for the municipal (single-town) office of State Representative (i.e., Assembly Districts which do not cross town lines).

CERTIFICATE OF PARTY ENDORSEMENT NAME NO NAME NO NAME NO NAME NAME NAME NAME NAME NAME NAME NAME
At the [check one]  town committee meeting  caucus town convention:
of the REPUBLICAN PARTY
for the [insert Assembly District Number] 3 Assembly District,
for the [insert Assembly District Number] 3 Assembly District,  [District number] Assembly District,  [Distr
I was endorsed by such endorsing authority as candidate for nomination to the office of
State Representative for said district, for the State Election to be held
on November 4, 2014; and I authorize my name to appear on the ballot as printed or typed below:
Print or type name in (Full Residence Address-Street) (Town) (Zip)
(Print or type name in (Full Residence AddressStreet) (Town) (Zip)
authorize it to appear on hallot)
Dated at <u>Glastorby</u> , Connecticut, this <u>a</u> ) day of <u>May</u> , 2014.
Signature of Candidate
ATTESTED BY:
Signature of Chairman or Presiding  AND Revealed Choung  Signature of Secretary of Meeting
Signature of Chairman or Presiding  Officer of Meeting  Signature of Secretary of Meeting
************************

IMPORTANT: If this certificate, properly completed, is not received by the SECRETARY OF THE STATE by the deadline indicated above, the party shall be deemed to have made NO ENDORSEMENT OF ANY CANDIDATE for the office. (§9-391)

(File with Secretary of the State, Legislation & Elections Administration Division, 30 Trinity Street, P.O. Box 150470, Hartford, CT 06115-0470.)